

**ORDER FOR SUPPLIES OR SERVICES**

<b>1. Contract/Purch Order/Agreement No.</b>  DAAE20-01-P-0543	<b>2. Delivery Order/Call No.</b>	<b>3. Date Of Order/Call (YYYYMMDD)</b>  2001SEP27	<b>4. Requisition/Purch Request No.</b>  SEE SCHEDULE	<b>5. Priority</b>  DOA5
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<b>6. Issued By</b> TACOM-ROCK ISLAND AMSTA-AQ-ARCS JAN DAY (309)782-3472 ROCK ISLAND IL 61299-7630  EMAIL: DAYJ@RIA.ARMY.MIL	<b>Code</b>	W52H09	<b>7. Administered By (If other than 6)</b> PR ACALA ATTN FIN AND ACCT OFC ROCK ISLAND IL 61299-6000	<b>Code</b>	W52H09	<b>8. Delivery FOB</b>  <input type="checkbox"/> Destination <input checked="" type="checkbox"/> Other  (See Schedule if other)
			<b>SCD C</b>	<b>PAS NONE</b>	<b>ADP PT W52H09</b>	

<b>9. Contractor</b>  GOELST USA LLC NC GOELST INC 915 BRIDGE STREET WINSTON-SALEM NC 27101  Name and Address  TYPE BUSINESS: Other Small Business Performing in U.S.	<b>Code</b>	1PUD8	<b>Facility</b>	<b>10. Deliver To FOB Point By (Date) (YYYYMMDD)</b>  SEE SCHEDULE	<b>11. X If Business Is</b> <input checked="" type="checkbox"/> Small <input type="checkbox"/> Small Disadvantaged <input type="checkbox"/> Woman-Owned
				<b>12. Discount Terms</b>	
				<b>13. Mail Invoices To the Address in Block</b> See Block 15	

<b>14. Ship To</b> SEE SCHEDULE	<b>Code</b>		<b>15. Payment Will Be Made By</b> DFAS ST LOUIS ATT DFAS-SL-FPV 4300 GOODFELLOW BLVD BLDG 110 PO BOX 200009 ST LOUIS MO 63120-0009	<b>Code</b>	HQ0304	<b>Mark all Packages and Papers with Identification Numbers in Blocks 1 and 2</b>
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<b>16. Type of Order</b>	<b>Delivery/Call</b>	This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.
	<b>Purchase</b>	Reference your <input type="checkbox"/> Oral; <input type="checkbox"/> Written Quotation, Dated _____, furnish the following on terms specified herein.
	X	Acceptance. The Contractor Hereby Accepts The Offer Represented By The Numbered Purchase Order As It May Previously Have Been Or Is Now Modified, Subject To All Of The Terms And Conditions Set Forth, And Agrees To Perform The Same.

Name Of Contractor	Signature	Typed Name And Title	Date Signed (YYYYMMDD)
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If this box is marked, supplier must sign Acceptance and return the following number of copies:

17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE SEE SCHEDULE					
18. Item No.	19. Schedule Of Supplies/Service SEE SCHEDULE CONTRACT TYPE: Firm-Fixed-Price	20. Quantity Ordered/ Accepted*	21. Unit	22. Unit Price	23. Amount
	KIND OF CONTRACT: Supply Contracts and Priced Orders				

<i>* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.</i>	24. United States Of America  By: PATRICIA J HARMON /SIGNED/ HARMONP@RIA.ARMY.MIL (309)782-5717	25. Total	\$6,624.60
	Contracting/Ordering Officer	29. Differences	

<b>26. Quantity In Column 20 Has Been</b>  <input type="checkbox"/> Inspected <input type="checkbox"/> Received <input type="checkbox"/> Accepted And Conforms To Contract Except As Noted  Date _____ Signature Of Authorized Govt Representative _____	<b>27. Ship. No.</b>	<b>28. D.O. Voucher No.</b>	<b>30. Initials</b>	<b>25. Total</b>	\$6,624.60
<b>36. I certify this account is correct and proper for payment</b>  Date _____ Signature And Title Of Certifying Officer _____	<input type="checkbox"/> Partial	<b>32. Paid By</b>	<b>33. Amount Verified Correct For</b>	<b>29. Differences</b>	
	<input type="checkbox"/> Final				
	<b>31. Payment</b>		<b>34. Check Number</b>		
	<input type="checkbox"/> Complete		<b>35. Bill Of Lading No.</b>		
	<input type="checkbox"/> Partial				
	<input type="checkbox"/> Final				

37. Received At	38. Received By	39. Date Received	40. Total Containers	41. S/R Account Number	42. S/R Voucher No.
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**CONTINUATION SHEET****Reference No. of Document Being Continued**

Page 2 of 6

PIIN/SIIN DAAE20-01-P-0543

MOD/AMD

**Name of Offeror or Contractor:** GOELST USA LLC

## SUPPLEMENTAL INFORMATION

1. This Purchase Order is awarded to N.C.GOELST Inc for attachment 001 listing of supply room equipment. This requirement is designated CONTRACT LINE ITEM NUMBER (CLIN) 0001AA

2. CLIN 0001AB is designated for design time & service installation by Lincoln Office.

3. CLIN	ITEM	CONTRACT AMOUNT
0001AA	GOELST EQUIPMENT & FREIGHT	\$5,514.60
<u>0001AB</u>	<u>Design/Service Installation by Lincoln Environmental</u>	<u>\$1,110.00</u>
	Total Cost:	\$6,624.60

4. Mr. Kevin Lee is designated as Contracting Officer's Representative (COR)and is point of contact for receipt of the furniture and installation. He must be notified at least 2 working days prior to date furniture is to be delivered.

5. Shipping instructions: All items are to be shipped FOB Destination to the following address:

Rock Island Arsenal  
Building 62, 2nd Floor, SE  
ATTN: AMSSB-RSO-DMT/KEVIN LEE  
Rock Island, IL 61299-7630

Mark For: SBCCOM SUPPLY ROOM/KEVIN LEE

6. Contract number as set forth in Block 2 of page 1 must appear on outside of shipping container and detailed packing list must be included with the shipment.

7. All work shall be performed during normal business hours unless different arrangements are made with the COR.

8. Delivery shall be coordinated by Lincoln Office Environments.

9. The invoice payment for CLIN 0001AB shall be made by GOELST to Lincoln Office Environments, 7707 North Knoxville, Peoria, IL 61614.

\*\*\* END OF NARRATIVE A 001 \*\*\*

CONTINUATION SHEET

Reference No. of Document Being Continued  
 PIIN/SIIN DAAE20-01-P-0543 MOD/AMD

Name of Offeror or Contractor: GOELST USA LLC

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT																		
0001	SUPPLIES OR SERVICES AND PRICES/COSTS  <u>Supplies or Services and Prices/Costs</u>																						
0001AA	<u>GOELST SUPPLY ROOM FURNITURE</u>  NSN: 0000-00-000-0000 NOUN: OFFICE FURNITURE SECURITY CLASS: Unclassified PRON: S617L003SB PRON AMD: 01 ACRN: AA AMS CD: 422122000004221  NOTE: SHIP TO ADDRESS IS STATED ON PAGE 2 IN NARRATIVE  (End of narrative B001)  <u>Packaging and Marking</u>  <u>Inspection and Acceptance</u> INSPECTION: Origin ACCEPTANCE: Destination  <u>Deliveries or Performance</u> DOC SUPPL <table border="0" style="width: 100%;"> <tr> <td><u>REL CD</u></td> <td><u>MILSTRIP</u></td> <td><u>ADDR</u></td> <td><u>SIG CD</u></td> <td><u>MARK FOR</u></td> <td><u>TP CD</u></td> </tr> <tr> <td>001</td> <td>W58HZ11271D001</td> <td>Y00000</td> <td>M</td> <td>KEVLEE</td> <td>2</td> </tr> </table> <table border="0" style="width: 100%;"> <tr> <td><u>DEL REL CD</u></td> <td><u>QUANTITY</u></td> <td><u>DEL DATE</u></td> </tr> <tr> <td>001</td> <td>1</td> <td>22-OCT-2001</td> </tr> </table> FOB POINT: Destination  SHIP TO: <u>PARCEL POST ADDRESS</u> (Y00000) SHIPPING INSTRUCTIONS FOR CONSIGNEE (SHIP TO) WILL BE FURNISHED PRIOR TO SCHEDULED DELIVERY DATE FOR ITEM REQUIRED UNDER THIS REQUISITION.  MARK FOR: <u>CONTRACT/DELIVERY ORDER NUMBER</u> DAAE20-01-P-0543/0000	<u>REL CD</u>	<u>MILSTRIP</u>	<u>ADDR</u>	<u>SIG CD</u>	<u>MARK FOR</u>	<u>TP CD</u>	001	W58HZ11271D001	Y00000	M	KEVLEE	2	<u>DEL REL CD</u>	<u>QUANTITY</u>	<u>DEL DATE</u>	001	1	22-OCT-2001	1	LT	\$ ** N/A **	\$ 5,514.60
<u>REL CD</u>	<u>MILSTRIP</u>	<u>ADDR</u>	<u>SIG CD</u>	<u>MARK FOR</u>	<u>TP CD</u>																		
001	W58HZ11271D001	Y00000	M	KEVLEE	2																		
<u>DEL REL CD</u>	<u>QUANTITY</u>	<u>DEL DATE</u>																					
001	1	22-OCT-2001																					
0001AB	<u>INSTALLATION BY LINCOLN OFFICE</u>  NOUN: OFFICE FURNITURE SECURITY CLASS: Unclassified PRON: S617L003SB PRON AMD: 01 ACRN: AA AMS CD: 422122000004221  <u>Inspection and Acceptance</u> INSPECTION: Destination ACCEPTANCE: Destination  <u>Deliveries or Performance</u> <table border="0" style="width: 100%;"> <tr> <td><u>DLVR SCH</u></td> <td><u>PERF COMPL</u></td> </tr> <tr> <td><u>REL CD</u></td> <td><u>QUANTITY</u> <u>DATE</u></td> </tr> </table>	<u>DLVR SCH</u>	<u>PERF COMPL</u>	<u>REL CD</u>	<u>QUANTITY</u> <u>DATE</u>	1	LT		\$ 1,110.00														
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**CONTINUATION SHEET**

**Reference No. of Document Being Continued**

**Page 5 of 6**

**PIIN/SIIN** DAAE20-01-P-0543

**MOD/AMD**

**Name of Offeror or Contractor:** GOELST USA LLC

CONTRACT ADMINISTRATION DATA

LINE	PRON/	OBLG						JOB	ACCOUNTING		OBLIGATED
<u>ITEM</u>	<u>AMS CD</u>	<u>ACRN</u>	<u>STAT</u>	<u>ACCOUNTING CLASSIFICATION</u>				<u>ORDER</u>	<u>STATION</u>		<u>AMOUNT</u>
0001AA	S617L003SB	AA	2	21	12020000016N6N40P42212226EB	S19130	17LCCP	W13G07	\$	5,514.60	
422122000004221											
0001AB	S617L003SB	AA	2	21	12020000016N6N40P42212226EB	S19130	17LCCP	W13G07	\$	1,110.00	
422122000004221											
									TOTAL	\$	6,624.60

SERVICE	TOTAL BY ACRN		ACCOUNTING CLASSIFICATION				ACCOUNTING	OBLIGATED	
<u>NAME</u>							<u>STATION</u>		<u>AMOUNT</u>
Army	AA	21	12020000016N6N40P42212226EB	S19130	W13G07	\$	6,624.60		
							TOTAL	\$	6,624.60

**CONTINUATION SHEET****Reference No. of Document Being Continued****Page 6 of 6**

PIIN/SIIN DAAE20-01-P-0543

MOD/AMD

**Name of Offeror or Contractor:** GOELST USA LLC

## LIST OF ATTACHMENTS

<u>List of</u> <u>Addenda</u>	<u>Title</u>	<u>Date</u>	<u>Number</u> <u>of Pages</u>	<u>Transmitted By</u>
Attachment 001	GOELST QUOTE FROM LINCOLN OFFICE	06-SEP-2001	002	
Attachment 002	LAYOUT	06-SEP-2001	002	